## APPLICATION FOR SEARCH OF BIRTH RECORD FILES

## (FURNISH ALL POSSIBLE INFORMATION-PLEASE PRINT)

Full Name:			
First	Middle		Last
Place of Birth:Street/Rte/Hospital			
Date of Birth:	Sex: Male	_ Female	
Father:Name			
Mother:Full Maiden Name	N	Married Name	
Parents Address at Time of This B	irth:		
APPLICATION MADE BY:			
Name:Signature:			
Street Address:			
City: State:	Zip Code:		
Your Relationship to Person:			
Driver License/Identification Card	:		

IL Law (ILCS410/535/25(1)) requires advance payment for the searching of genealogical Search of files. This \$10.00 search fee is non-refundable.

Certified Copies \$7.00 First Copy, \$2.00 Each Additional (Plus copy of your I.D.) Genealogical copies \$7.00 First Copy, \$2 Each Additional (Plus \$10 non-refundable fee, copy of your I.D. and copy of Death Certificate or news clipping of Obituary)

Send to: Ford County Clerk & Recorder 200 W. State St., Room 101 Paxton, IL. 60957